



**Kentucky Department for Local Government
Trailblazer Award for Community Development
Nomination Form
(Please print or type)**

NOMINEE

*NOMINEE'S NAME: _____

*TITLE: _____

*BUSINESS: _____

*BUSINESS ADDRESS: _____

*CITY/STATE/ZIP: _____

*DAYTIME PHONE: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

NOMINATOR

*NOMINATOR'S NAME: _____

*BUSINESS ADDRESS: _____

*CITY/STATE/ZIP: _____

*DAYTIME PHONE: _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

E-MAIL ADDRESS: _____

*** INFORMATION THAT MUST BE PROVIDED**

Please give a brief description of why you are nominating this person for the Trailblazer Award for Community Development. You may include documentation to support your nomination.

Mail or fax your nomination form and supporting documentation to:

Kentucky Department for Local Government
Division of Support Services
Attn: Mary Sharfe
1024 Capital Center Drive, Suite 340
Frankfort, KY 40601

FAX (502) 573-2512

Nomination forms must be postmarked by June 30, 2003.